

**PERMIT FOR OVERSIZE/OVERWEIGHT LOAD**

**NAME OF APPLICANT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**BUSINESS NAME and ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DATE OF TRAVEL:** \_\_\_\_\_ **TIME OF TRAVEL:** \_\_\_\_\_

**ROUTE OF TRAVEL** (include road names and direction of travel): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NATURE OF LOAD:** \_\_\_\_\_

**OWNER** (Towing Vehicle): \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**VIN#** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

<b>SIZE SPECIFICATIONS:</b>	_____	Height	_____	Length
(Load plus towing vehicle)	_____	Width	_____	Weight

=====

**SAFETY REQUIREMENTS:** *(To be completed by the Gallatin County Road Department)*

\_\_\_\_\_ Flags on towing vehicle (front/rear) \_\_\_\_\_ Lights on towing vehicle

\_\_\_\_\_ Pilot Cars (front/rear) \_\_\_\_\_ Lights on Pilot Cars

Speed limit requirement: \_\_\_\_\_

Applicant hereby agrees to the foregoing, and states that all information contained therein is accurate; and, understands further that applicant is responsible for any and all damages that may result while moving the above-described load, and agrees to pay for any costs related thereto.

**Applicant further understands that this permit application must be provided to the Gallatin County Road Department at least one week prior to the above stated "Date of Travel".**

\_\_\_\_\_  
Applicant Signature

Dated: \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Authorized Representative  
Gallatin County Road Department

Dated: \_\_\_\_\_, 200\_\_.